Traumatic Loss, Complicated Grief, and Terrorism

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SUMMARY. The experience of losing loved ones is an inevitable outcome of acts of terror. In assessing mental health outcomes in survivors of such acts, researchers have frequently not measured the distress of bereavement even when losses occur. This article defines current concepts of complicated and traumatic grief and reviews the progress researchers have made in measuring the full extent of distress caused by violent and traumatic events. The authors suggest that measurement of complicated and traumatic grief must be included in research and assessment protocols within cultural contexts in order to develop successful treatments for survivors of terrorist acts.

KEYWORDS. Bereavement, violent deaths, genocide, Holocaust, collective grief, gender, culture

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Terrorism can rupture the bonds of love and connectedness to family, friends, coworkers, and community, thereby undermining the survivors' sense of trust, security and justice both at individual and collective levels. Those bereaved may be at risk for prolonged suffering, their resiliency impeded by the severity of the event and the perceived malevolence of human beings. This article examines current and recent studies addressing traumatic loss after terrorist-related and other violent deaths. We attempt to educate readers about complicated grief and the importance of including specific assessments of grief in studies of terrorism within a cultural and community context.

COMPLICATED GRIEF AND TRAUMATIC LOSS

The terms traumatic grief, unresolved grief, and complicated grief have often been interchangeable in the literature. An effort to standardize the terminology must be part of the continual process of recognition of distress factors associated with grief. When referring to the clinical dimensions of unresolved and maladaptive grief, we use the term complicated grief (CG).

The symptoms of CG are increasingly recognized as a separate stress syndrome requiring intervention. The term traumatic loss is event-focused and refers to loss experienced from a death taking place under externally traumatic circumstances, which may elicit shock, disbelief, horror, or helplessness, and there is evidence that such grief often remains unresolved over time. Bereavement over traumatic loss then fits the clinical model of CG.

Prigerson et al. (1999) established a model and criterion for CG, defined as particular maladaptive grief symptoms that do not decrease in intensity or frequency after the first 2-6 months (see Table 1). There is evidence that intense, frequent and unremitting grief symptoms that continue more than 6 months may affect mental and physical health indicating CG as a distinct distress syndrome (Prigerson et al., 1997). Unexpected separation from a significant person, even due to natural causes, may result in CG, depending upon the nature of the relationship and the circumstances surrounding the loss. In a violent death, feelings and images of fear, horror, and helplessness further compound separation anxiety, especially in the absence of effective intervention. For example, unresolved grief was found in 70% of the sample of Vietnam veterans with PTSD (Pivar, 2000).

Development of adequate treatments for the survivors suffering sequalae of terrorism and related events requires a specific focus upon the interplay of grief with co-morbid distress syndromes (Marwitt, 1996; Raphael & Martinek, 1997). Researchers have been intrigued by the interaction of loss with levels of PTSD, depression, and other psychological symptoms. How-

ever, with rare exceptions, specific measures and assessments of grief have not been included in studies of traumatic events and their aftermath.

FOUNDATIONS OF A CONCEPTUAL MODEL OF GRIEF AND TRAUMA

PTSD appears to be a disorder related to the intensity or horror of a fear-provoking exposure. Horowitz, Weiss, and Marmar (1987) considered grief a stress syndrome similar to PTSD. By contrast, Prigerson et al. (1999) conceptualized CG as an attachment disturbance more a function of separation/loss anxiety than of PTSD. Although some overlap in symptoms appears to exist between CG and PTSD (e.g., intrusive thoughts, sense of futility about the future, numbness/detachment/disbelief, irritability), some of the core symptoms of CG are absent in PTSD (yearning, pining, searching, feeling a part of oneself has died with the deceased) (American Psychiatric Association, 2000). Prigerson et al. (2002) revealed that kinship to the deceased (e.g., parents/spouses vs. siblings and second-degree relatives) heightened the risk of having CG. Prigerson, Maciejewski, and Rosenheck (2000) have found the quality of the relationship to the deceased (e.g., closeness and dependency) is among the best predictors of poor health and functioning and greater health service use and health care costs and, more specifically, of CG (as cited in Prigerson et al., 1997).

GRIEF AND TERRORISM: A REVIEW OF RECENT STUDIES

Researchers have begun to recognize the interaction of loss with Posttraumatic Stress Disorder (PTSD). A few have begun to measure specific symptoms of CG

TABLE 1. Criteria for Complicated Grief

- Criterion A: Person has experienced the death of a significant other. The response involves 3 of 4 symptoms experienced: at least sometimes intrusive thoughts of the deceased; yearning for the deceased; searching for the deceased; loneliness as a result of the death.
- Criterion B: In response to the death, 4 of the 8 following symptoms as mostly true: Purposelessness or feelings of futility about the future; subjective sense of numbness, detachment or absence of emotional responsiveness; difficulty acknowledging the death; feeling life is empty or meaningless; feeling that part of oneself has died; shattered world view (loss of sense of security, trust, control; assumes symptoms or harmful behaviors of the deceased person; excessive irritability, bitterness, or anger related to the death.
- Criterion C: Duration of disturbance (symptoms listed) beyond a minimum of 2-6 months.
- Criterion D: The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

as it exists co-morbidly with PTSD and recognize the communal impact of losses resulting from these events.

Oklahoma City Bombing. In the aftermath of the 1995 bombing in Oklahoma City, Pfefferbaum et al. (1999) performed a clinical assessment to identify middle school and high school aged students who were in need of formal evaluation for posttraumatic response symptoms. The assessment instrument was administered to 3,218 (grades 6 through 12) students seven weeks after the bombing. Posttraumatic stress symptoms were significantly associated with exposure through knowing someone who was injured or killed, gender, and bomb-related television viewing. Knowing someone who was killed predicted higher PTSD scores, pointing to the interaction of traumatic loss and PTSD. The study points to the wide range of the people affected as well as the importance of loss as a factor. Over 1000 students knew someone who was killed.

North et al. (1999) emphasized the impact of loss by studying direct adult survivors of the bombing in Oklahoma City. Forty-three percent reported loss of a friend or family member and 92% personally knew someone who was injured or killed. Predictors of bombing-related PTSD included secondary exposure through loss of loved ones by death. They did not expand the study by including a specific measure of grief.

Recognition of the interaction of loss and PTSD prompted Pfefferbaum et al. (2001) to include a specific grief measure in the aftermath of the Oklahoma City bombing. The study describes CG in 40 adults who suffered losses. The authors administered several measures including the Texas Revised Inventory of Grief (TRIG), safety concerns, and functioning. A strong association was found between posttraumatic stress symptoms and grief. The relationship between grief and difficulty functioning was stronger at higher levels of posttraumatic stress than at lower levels. Grief was a stronger predictor of PTSD stress symptomology than initial self-reported psychological reactions. Six months after the event, grief scores persisted at high levels indicating a potential for developing CG. Grief accounted for 49% of the variance in intrusive symptoms.

9/11 Attacks. Silver, Holman, McIntosh, Poulin, and Gil-Rivas (2002) utilized an Internet-based national probability sample by a web-based survey research company. The survey took place in three time periods from 9 days to 6 months post-9/11. They assessed severity of 9/11-related loss but confounded the loss variable by scoring 0 as no loss, 1 as the property loss of someone close, 2 as personal property loss, 3 as injury of someone close, 4 as death of someone close, and 5 as personal injury in the attack. Severity of loss experienced in the attacks predicted higher levels of global distress. Nevertheless, the definition of the variable "loss" was confusing and no specific grief measure for addressing the loss of relationship was included.

Kenya. Pferfferbaum et al. (2003) studied PTSD symptoms in Kenyan children following the 1998 American embassy bombing. She found that the severity of posttraumatic stress symptoms was related to grief.

Karachi, Pakistan. Closeness of relationship appears to supercede violence in predicting complicated grief. In a recent study of psychiatric outpatients exposed to frequent terrorist attacks in Karachi, Prigerson et al. (2002) found that death of the significant other by violent means ("dacoity," bandits' attacks) did not heighten the risk of CG, whereas the kinship relationship to the deceased did.

THE INTERACTION BETWEEN GRIEF AND TRAUMA

Studies addressing traumatic grief and loss in terrorism, while increasing, are small in number. Other accounts of survivors of violent deaths can serve to emphasize the need for more research.

Grieving Deaths from Accidental and Intentional Violence. Green and colleagues (2001) examined psychological outcomes of traumatic loss in a group of young women with experiences of "no trauma assault." No trauma assault is defined as a single physical assault upon their person while "traumatic loss" is defined as the loss of a parent, sibling or very close friend by suicide, homicide or accident. The "traumatic loss" group experienced significantly higher rates of acute stress disorder including intrusion symptoms, impaired school performance, and problems with overall adjustment, compared to the no-trauma and assault groups.

Kaltman and Bonanno (2003) assessed PTSD symptoms in 87 persons over time following the death of a spouse, using violence and suddenness of loss as potential outcome predictors. Compared to natural deaths, violent deaths (i.e., fatal motor vehicle accidents, suicide, murder) predicted PTSD symptoms, especially avoidance of thoughts of the deceased and persistence over time of depression. The authors conclude that results support including "the violent death of a loved one among the broader category of events producing PTSD" (p. 142). Unfortunately, no grief measure was used in the study to differentiate more fully PTSD from bereavement symptoms. Several other studies suggest that traumatic losses from violent deaths are associated with higher levels of general distress and impaired functioning (Dyregrov, Nordanger, & Dyregrov, 2003; Rynearson, 1993).

MASS DEATHS, COLLECTIVE GRIEF, AND THE RESPONSE OF COMMUNITIES

Grief responses to individual deaths are compounded in situations of mass death. The meaning and implications of collective (as well as individual)

mourning become highly relevant in healing or prolonging bereavement. Lifton (1973) described the importance of renewing human connectedness for survivors of the Holocaust and the Hiroshima bombing in order to heal the moral wounds of intentional human violence. Sitterle and Gurwitch (1999), in recording their experiences in treating survivors of the Oklahoma City bombing, also documented the importance of a collective and community response, including anniversary and commemorative interventions. Wright and Ursano (1990) observed individual and community responses to an aircraft disaster and concluded that "present models do not adequately describe the complexity, duration and spread of the effect of a disaster across a 'global community'" (p. 136).

Even within the context of group loss in disasters, closeness of the relationship to the deceased is a powerful predictor of grief. In a study of acute (1 week post-disaster) and subsequent (2 months) bereavement in 71 adult members of an Air Force community after the loss of seven crew members and a passenger in a plane crash in 1989, Fullerton, Ursano, Tzu-cheg and Bharaitya (1999) found that "The higher symptoms in subjects reporting greater closeness to the lost crew is consistent with other studies of complicated grief in which a positive association is reported between the closeness of a relationship and acute psychiatric morbidity" (p. 908). Relative to a comparison group, the subjects had higher levels of acute, intrusive and avoidant symptoms, and of depressive symptoms.

Mourning and ritual in response to an Army airline tragedy forms the focus of a study by Katz and Bartone (1998). Multiple mourning rituals by the geographically localized families and surviving soldiers contribute to group and individual recovery by reaffirming solidarity of the unit or community and helping survivors to re-establish a sense of control.

GENOCIDE AND ATROCITIES: MOURNING VICTIMS OF POLITICAL VIOLENCE

Tully (1995) examined the impact of political violence on Nicaraguan women whose relatives "disappeared" during the Contra War. The collective silence about the disappeared, continuing socio-political instability within the country, and personal uncertainty over what happened to a family member, presented obstacles to the healing processes of the subjects.

Bolton (2001) examined how Rwandans perceive the mental health effects of the 1994 genocide. The study assessed diagnostic symptoms of depression and posttraumatic stress disorder as results of the genocide. He also looked at "local" symptoms not included in the established diagnostic crite-

ria, yielding a local depression-like illness, and a "mental trauma" syndrome including mostly posttraumatic stress disorder symptoms. Rwandan psychiatrist, Athanase Hagengimana (personal communication to H. Prigerson, October 18, 1998), asserted that "CG symptoms were more apt than PTSD to explain people's distress over genocidal disappearances."

Boehnlein (1987) addressed the problems of Cambodian refugees who had survived mass murders of the 1970s. He found that some symptoms of anxiety and PTSD could be treated with medication but more long-standing symptoms of bereavement and grief remained, especially where ritual expression was no longer available to the refugees in a new culture.

Addressing the needs of victims of the Holocaust as well as other instances of political violence and oppression, Danieli (1992) recognized that social isolation, mistrust, and loneliness may develop when society is in denial and expects the victims to get on with their lives. She suggests that monetary compensation alone is not sufficient and may inflict its own hardships when survivors are asked to put a price on their loss or participate in evaluating their need. The fact that the larger community can be a healing force as well as a distorting factor in the grief process is highlighted in Klein's (1971) study of Holocaust survivor families in a kibbutz. The kibbutz provided a renewed cultural system for mourning, continuation of the family, regeneration of hope among its children, and transition from collective grief to pride in the present.

Al-Krenawi, Graham, and Sehwail (2001, 2002) studied bereavement responses following the Hebron massacre of 1994 in which 53 people were killed in an attack upon a mosque. The Derogatis SCL-90-R was administered to surviving widows, daughters, and sons to assess responses of the bereaved, though a standard measure of grief was not used. Statistically significant results occurred in 3 of 9 subscales including somatization, phobic responses, and anxiety. Girls and adults experienced greater somatic responses. Culturally- and religiously-prescribed gender and familial roles appeared to contribute to the different bereavement response patterns.

Elbedour, Baker, Shaloub-Kevorkian, and Belmaker (1999) conducted another study assessing psychological responses of surviving family members within seven months of the Hebron massacre. Using the Clinician-Administered PTSD scale (CAPS) as its measure, the study found that 34.4% of subjects met criteria for PTSD, and noted that daughters (teenage girls) displayed the highest rate. Sons (teenage boys) harbored the highest rate of hostility. Again, no specific measure of grief was utilized; however, the criteria of hopelessness, depression and helplessness ranked among the highest scores. The authors observed that the low level of expressed survivor guilt may be accounted for by the Islamic belief that God will avenge an injustice. They con-

cluded that there is a "distinct somatization reaction to stress" (p. 30) found in studies of Muslim groups.

Collective mourning in response to political violence is described in Klingman's (2001) survey of Israeli children's reactions to the 1995 assassination of Prime Minister Yitzhak Rabin. He administered the Bar-Ilan Picture Text for Children (a projective measure) to 4th-grade children two days after the event, evaluating grief responses. The prevalence of grief was 79.5% of the subjects, with 27.6% rated high in distribution of anxiety and bereavement. "Grieving was related to emotional expressiveness, coping/adapting, and (moderately to) social support" (Klingman, 2001, p. 40). There were gender group differences with girls expressing higher levels of grieving.

COMBAT LOSSES AND COMPARABILITY OF THE EXPERIENCES OF WAR AND TERRORISM

The effects of combat losses upon survivors have been widely noted and recent studies have empirically addressed CG. Green, Grace, Lindy, Gleser, and Goldine (1990) reported that 70% of veterans with PTSD reported the loss of a buddy, compared to 29% without PTSD. In a study of unresolved grief among Vietnam veterans, Pivar (2000) and Pivar and Field (2003) differentiated grief symptoms from those of both depression and PTSD in a sample of 114 combat veterans. They found that thirty years after the conflict, 70% of these veterans could be diagnosed with CG over the loss of a buddy in combat. Perceived closeness of the relationship to the lost person was the most significant factor predicting CG, and was additionally associated with higher levels of survivor guilt and self-blame. Like survivors of terrorist acts, combat veterans often experienced sudden, horrific deaths, with little opportunity to mourn the remains of the deceased in timely communal ceremonies.

THEMES REQUIRING FURTHER ELABORATION

Although the current data from terrorism are limited, certain themes point to a need for greater elaboration and research.

When grief is measured as a distinct factor, it is found to be a robust predictor of overall distress (Pfefferbaum et al., 2001). Hagengimana (personal communication to H. Prigerson, October, 18, 1998) concluded that CG symptoms were more apt than PTSD to explain the distress of people over disappearances as a result of the Rwandan Genocide.

Even when loss occurs in the context of a traumatic event, closeness of the relationship is the most significant risk factor predicting CG (Fullerton, 1999; Pivar, 2000; Pivar & Field, 2003; Prigerson et al., 1997, 2002).

Individual grief in traumatic loss may interact with cultural and national or historical factors (Sitterle, 1999; Tully, 1995). Culturally- and religiously-proscribed gender and familial roles may contribute to different bereavement response patterns (Al-Krenawi et al., 2001). How somatization (Elbedour et al., 1999) may relate to grief is a topic deserving of further investigation because it would indicate ways to enhance detection and treatment of an underlying grief-related disturbance.

Finally, personality traits such as resiliency have not been sufficiently recognized in bereavement studies (Bonnano, 2004). Resiliency as the "ability to maintain a stable equilibrium" (p. 20) in the face of a close personal loss should not be overlooked in assessing or treating naturally bereaved and/or traumatized survivors.

Neria and Litz (in press) are currently embarking on a web-based study of traumatic grief in victims of 9/11, measuring grief, coping, attachment, past losses, restorations and rituals, locus of control, social support, religious factors and life events. The study promises to produce much needed data that will shape future mental health responses.

CONCLUSION

Researchers have been slow to recognize the importance of measuring grief in the context of terrorism. Because the experience of loss is implicit in the aftermath of terrorist attacks, the risk of complicated bereavement, depression, PTSD and other co-morbid symptomology is high. Assessments in the future will hopefully include a specific validated measure of grief as well as an accounting of personal loss of relationship, and the type and intensity of the relationship that was lost (e.g., close, confiding, hostile, dependent, empathetic, supportive, conflicted), cultural and community factors so that psychological distress can adequately be assessed over time and addressed clinically.

REFERENCES

Al-Krenawi, A., Graham, J. R., & Sehwail, M. A. (2001/2). Bereavement responses among Palestinian widows, daughters and sons following the Hebron massacre. *Omega, 44*(3), 241-255.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

Bolton, P. (2001). Local perceptions of the mental health effects of the Rwandan genocide. *Journal of Nervous & Mental Disorders, 189*(4), 243-248.

Bonanno, G. A. (2004). Loss, trauma, and human resilience. *American Psychologist, 59*(1), 20-28.

Danieli, Y. (1992). Preliminary reflections from a psychological perspective. In T. C van Boven, C. Flinterman, F. Grunfield, & I. Westendorp (Eds.), *The right to restitution, compensation and rehabilitation for victims of gross violations of human rights and fundamental freedoms* (pp. 196-213). Netherlands Institute of Human Rights, Special Issue No. 12.

DeLisi, L. E., Maurizio, A., Yost, M., Papparozzi, C., Fulchino, C., Katz, C. et al. (2003). A survey of New Yorkers after the Sept. 11, 2001 terrorist attacks. *American Journal of Psychiatry, 160*(4), 780-783.

Dyregrov, K., Nordanger, D. & Dyregrov, A. (2003). Predictors of psychosocial distress after suicide, SIDS and accidents. *Death Studies, 27*(2), 143-165.

Elbedour, S., Baker, A., Shalhoub-Kevorkian, A., Irwin, M., & Belmaker, R. (1999). Psychological responses in family members after the Hebron Massacre. *Depression and Anxiety, 9*, 27-31.

Fullerton, C., Ursano, R. F., Tzu-Cheg, K., & Bharaitya, V. R. (1999). Disaster-related bereavement. *Aviation, Space and Environmental Medicine, 70*(9), 902-909.

Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J. et al. (2002). Psychological sequelae of the September 11 terrorist attacks in New York City. *New England Journal of Medicine, 346*(13), 982-987.

Green, B. L., Grace, M.C., Lindy, J., Gleser, G., & Goldine, C. (1990). Risk factors for PTSD and other diagnoses in Vietnam veterans. *Journal of Anxiety Disorders, 4*(1), 31-39.

Green, B. L., Krupnick, J. L., Stockton, P., Goodman, L., Corcoran, C., & Petty R. (2001). Psychological outcomes of traumatic loss in young women. *American Behavioral Scientist, 44*(5), 817-837.

Horowitz, M. J., Weiss, D. S., & Marmar, C. (1987). Posttraumatic stress disorder and the perennial stress-diathesis controversy (Commentary). *Journal of Nervous and Mental Disease, 175*(5), 265-266.

Kaltman, S., & Bonanno, G. (2003). Trauma and bereavement: Examining the impact of sudden and violent deaths. *Journal of Anxiety Disorders, 17*(2), 131-147.

Katz, P., & Bartone, P. (1998). Mourning and ritual-Army airline tragedy. *Omega, 36*(3), 193-200.

Klein, H. (1971). Families of Holocaust survivors in the kibbutz: Psychological studies. In H. Krystal & W. G. Niederland (Eds.), *Psychic traumatization: Aftereffects in individuals and communities* (pp. 69-72). Boston: Little Brown.

Klingman, A. (2001). Israeli Children's reaction to the assassination of the Prime Minister. *Death Studies, 25*, 33-49.

Lifton, R. J. (1993). From Hiroshima to the Nazi doctors: Evolution of psychoformative approaches to understanding traumatic stress syndromes. In J. P. Wilson & B. Raphael, (Eds.), *International handbook of traumatic stress syndromes* (pp. 11-23). New York: Plenum Press.

Marwit, S. J. (1996). Reliability of diagnosing complicated grief. *Journal of Counseling and Clinical Psychology, 64*(3), 563-568.

Neria, Y., & Litz, B. (in press). Bereavement by traumatic means: The complex synergy of trauma and grief. *Journal of Loss and Trauma.*

North, C. S., & Pfefferbaum, B. (2002). Research on mental health effects of terrorism. *Journal of the American Medical Association, 288*(5), 633-636.

North, C. S., Nixon, S., Shariat, S., Mallonee, S., McMillen, J., Spitznagel, E. L. et al. (1999). Psychiatric disorders among survivors of the Oklahoma City bombing. *Journal of the American Medical Association, 282*(8), 755-762.

Pfefferbaum, B., North, C. S., Doughty, D., Gurwitch, R., Fullerton, C., & Kyula, J. (2003). Posttraumatic stress and functional impairment in Kenyan children following the 1998 American embassy bombing. *American Journal of Orthopsychiatry, 73*(2), 133-140.

Pfefferbaum, B., Call, J. A., Lensgraf, S., Miller, P.D., Flynn, B. W., Doughty, D. et al. (2001). Traumatic grief in a convenience sample of victims seeking support services after a terrorist incident. *Annals of Clinical Psychiatry, 13*(1), 19-24.

Pfefferbaum, B., Nixon, S., Krug, R. S., Tivis, R. D., Moore, V. L, Brown, J. M. et al. (1999). Clinical needs assessment of middle and high school students following the 1995 Oklahoma City bombing. *American Journal of Psychiatry, 156*(7), 1069-1074.

Pivar, I. (2000). Measuring unresolved grief in combat veterans with PTSD. *Dissertation Abstracts International, 61* (6-B), Jan. 2000, 3288. (UMI No. 0419-4217).

Pivar, I. (2001, November). Comparison of war veterans on risk factors of complicated/traumatic grief. In M. Cloitre (Chair), *New developments in traumatic grief.* Symposium conducted at the conference of International Society for Traumatic Stress Studies, New Orleans, LA.

Pivar, I., & Field, N. (in press). Measuring unresolved grief in combat veterans with PTSD. *Journal of Anxiety Disorders.*

Prigerson, H. G., Ahmed, I., Aqueel, N., Jacobs, S. C., Maciejewski, P. K., Saxena, A. et al. (2002). Rates and risks of complicated grief in Karachi, Pakistan. *Death Studies, 26*(10), 781-792.

Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (1999). The effects of marital dissolution and marital quality on health and health service use among women. *Medical Care, 37*(9), 858-873.

Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (2000). Preliminary explorations of the harmful interactive effects of widowhood and marital harmony on health, health service use, and health care costs. *Gerontologist, 40*(3), 349-357.

Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (2001). Combat trauma: Trauma with highest risk of delayed onset and unresolved posttraumatic stress disorder symptoms, unemployment, and abuse among men. *Journal of Nervous and Mental Disorders, 189*(2), 99-108.

Prigerson, H. G., Shear, M. K., Frank, E., Beery, L., Silberman, R., Prigerson J. et al. (1997). Complicated grief: A case of loss-induced trauma. *American Journal of Psychiatry, 154*(7), 1003-1009.

Prigerson, H. G., Shear, M. K., Jacobs, S. C., Kasl, S. V., Maciejewski, P. K., Silverman, G. K. et al. (2000). Grief and its relationship to PTSD. In D. Nutt & J. R. T. Davidson (Eds.), *Post traumatic stress disorders: Diagnosis, management and treatment* (pp. 163-186). New York: Martin Dunitz.

Prigerson, H. G., Shear, M. K., Jacobs, S. C., Reynolds, C. F., Maciejewski, P. K., Davidson, J. R. et al. (1999). Consensus criteria for traumatic grief. *British Journal of Psychiatry, 174*, 67-73.

Raphael, B., & Martinek, N. (1997). Assessing traumatic bereavement and posttraumatic stress disorder. In J. P. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 373-395). New York: Guilford Press.

Rynearson, E., & McCreery, J. (1993). Bereavement after suicide: A synergism of trauma and loss. *American Journal of Psychiatry, 150* (2), 258-261.

Schlenger, W., Caddell, J., Ebert, L., Jordan, B., Rourke, K., Wilson, D. et al. (2002). Psychological reactions to terrorist attacks: Findings from the National Study of Americans' Reactions to September 11. *Journal of the American Medical Association, 288*(5), 581-588.

Silver, R., Holman, E., McIntosh, D., Poulin, M., & Gil-Rivas, V. (2002). Nationwide longitudinal study of psychological responses to September 11. *Journal of the American Medical Association, 288*(10), 1235-1244.

Sitterle, K., & Gurwitch, R. (1999). The terrorist bombing in Oklahoma City. In E. Zinner & M. B. Williams (Eds.), *When a community weeps* (pp.160-189). Philadelphia: Taylor and Francis.

Tully, S. R. (1995). A painful purgatory: Grief and the Nicaraguan mothers of the disappeared. *Social Science & Medicine, 40*(12), 1597-1610.

Wright, K., & Ursano, R. J. (1990). Individual and community responses to an aircraft disaster. In M. E. Wolf & A. D. Mosniam (Eds.), *Posttraumatic stress disorder: Etiology, phenomenology, and treatment* (pp. 127-138). Washington, DC: American Psychiatric Press.